



# Commercial MECHANICAL Application / Permit

Gas	_____	Date	_____
Rough	_____	Date	_____
Final	_____	Date	_____

Received by	_____
Date	_____

Address \_\_\_\_\_

Project # **200** - \_\_\_\_\_ - \_\_\_\_\_

Owner \_\_\_\_\_

Date Issued \_\_\_\_\_

Unit # \_\_\_\_\_ Bldg use \_\_\_\_\_ Date plans submitted \_\_\_\_\_

Property Acct # \_\_\_\_\_

New ☐ Replace ☐ Type of fuel: Natural Gas ☐ LP Gas ☐ Fuel Oil \* ☐

\* NH Dept of Safety "Application for Permit to Install Oil Burning Equipment" shall also be filled out (available in Dept of Bldg Safety)

	Item	Fee	Quantity	Total
	<b>DELIVERY SYSTEM</b>			
	GAS PIPING (Per 1000 BTU) Total BTU/hour input _____ (maximum \$300)	.22		
1	FUEL OIL PIPE (Per 1000 BTU) Total BTU/hour input _____ (maximum \$300)	.22		
	INSTALLATION OF STORAGE TANKS less than 499 gallons, fuel oil (each)	6.50		
	<b>EQUIPMENT</b>			
	FURNACE	44.00		
	BOILER	49.50		
	SINGLE PACKAGE (includes rooftops)	19.00		
2	AIR HANDLERS	19.00		
	CHILLER <input type="checkbox"/> EVAPORATOR <input type="checkbox"/> CONDENSER <input type="checkbox"/> COOLING TOWER <input type="checkbox"/> (each)	19.00		
	DUCT WORK (Per 10 square feet of area served) Area _____ sq. ft. (minimum \$25)	.033		
	FIRE and/or SMOKE DAMPERS (each)	6.50		
3	CHIMNEY (masonry or metal)	44.00		
4	VENTED UNIT HEATER	19.00		
5	FANS	19.00		
	<b>KITCHEN EXHAUST SYSTEMS</b>			
6	HOODS (each)	33.00		
	FANS ASSOCIATED WITH HOODS (each)	3.50		
7	OTHER Miscellaneous work not covered above (each) Describe:	33.00		
8	REINSPECTION for same work due to failure to pass initial inspection or unavailability of premises at time of initial inspection	50.00		
9	SURCHARGE for permits issued after construction started without a permit. *100% of applicable fee, but not to exceed \$250. Such violations also subject to criminal penalties under NH law.	* 250.00		
	<b>Subtotal</b>			
10	APPLICATION FEE (non-refundable)	25.00		\$25.00
	<b>MINIMUM TOTAL FEE \$58.00</b>			
	Receipt # _____			
	<b>TOTAL</b>			

Contractor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I, the undersigned, notify the City of Nashua there will ☐ / will not ☐ be a need to abate asbestos containing material while performing work on this permit. All state and local health laws pertaining to the disposal of waste material are to be abided by. The applicant shall contact the Environmental Health Department, 18 Mulberry Street, 589-4530. I certify the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the City of Nashua. I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of contractor or person making application

Telephone number

Building Official or Designee

**CALL 589-3080 ONE DAY IN ADVANCE FOR AN INSPECTION**

MECH Form September 2007

Please have your project number, address, and type of inspection ready so we may expedite your inspection request

**POST THIS CARD SO IT IS VISIBLE FROM THE STREET**